

THE ROBERT B. MILLER COLLEGE

Michigan Army and Air National Guard Grant 2015 - 2016 Guidelines and Application Form

Eligibility Criteria:

- Be admitted to a degree-granting program of undergraduate work at The Robert B. Miller College.
- Be a Michigan resident since July 1, 2014
- Be a member of the Michigan Army or Air National Guard.
- Maintain satisfactory academic progress at The Robert B. Miller College

How to apply:

- Apply for admission to a degree-granting program at The Robert B. Miller College.
- Complete a 2015-2016 Free Application for Federal Student Aid (FAFSA) and send to the Federal Processor. The Miller College school code is 040943.
- Complete the attached 2015-2016 Robert B. Miller College/Michigan Army and Air National Guard Grant Application Form to apply for funds for Fall 2015, Spring 2016, and Summer 2016.
- The unit representative will verify on the application that you are a member of the Michigan Army or Air National Guard and eligible for the grant and forward the application form to the State Education Office.
- The State Education Office will verify the application and forward the completed application to the Office of Student Financial Aid, The Robert B. Miller College.

Questions: State Education Office: 517.481-7640



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Name		Social	Social Security No	
Ad	dress			
City		State	Zip Code	
Tel	lephone Number		_	
A.	Enrollment Status at The Robert B	. Miller College:		
	Number of credit hours you plan to	take during semesters for which	h you are requesting aid:	
	Fall 2015	Spring 2016	Summer 2016	
В.	Financial Information:			
	Have you filed the Free Application for Federal Student aid (FAFSA) for 2015-16?			
	Yes	No		
	If "No," please indicate the anticipate	d date when you intend to comp	olete this form:	
C.	Certification by the applicant's Michigan Army or Air National Guard Unit:			
	I certify that the above named applicant is a member of the Michigan Army or Air National Guard and eligible for the Robert B. Miller College grant.			
	Signature		Title	
	Printed Name			
	Unit	Telephone No.	Date	
D. _	Certifying Official at State Education	on Office:		
	Signature	_		
_	Branch		Date	